

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12463</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>THOMAS M DOWLING</u> P O Box Bldg Room No If any Street <u>Rt #1, Box 95 AD</u> City <u>GOLCONDA</u> State <u>IL</u> <u>62938-9723</u> ZIP Code + 4	4 Name file number and address of labor organization Name <u>LABORERS' LOCAL 773</u> Labor Organization File Number <u>021-127</u> P O Box Building and Room Number, If any <u>PO Box 1770</u> Street <u>1115 E MAIN ST</u> City <u>MARION</u> State <u>IL</u> <u>62959-8115</u> ZIP Code + 4
5 Position in labor organization <u>FIELD REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Thomas M Dowling</u>	On <u>08/15/05</u>	<u>618/683-9602</u>
	Date	Telephone Number

Name of Person Filing THOMAS M DOWLING	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of Interest held or Income received</p> <p>12 b Amount.</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name LAKIN LAW FIRM</p> <p>Trade Name if any LAW FIRM</p> <p>P O Box Bldg Room No if any</p> <p>Street 301 EVANS AVE</p> <p>City WOODRIVER</p> <p>State IL 62095 ZIP Code + 4</p>	<p>14 a Nature of payment.</p> <p>ANNUAL HUNT</p> <p>FRIDAY - LUNCH, DINNER</p> <p>SATURDAY - BREAKFAST, LUNCH, DINNER</p> <p>SUNDAY - BREAKFAST, PLEASANT HUNTING, TRAP SHOOTING, ROOM</p>
<p>13 b Is the Business an Employer Yes or Consultant</p>	<p>14 b Amount of payment. 343.65</p>

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name LAKIN LAW FIRM</p> <p>Trade Name if any LAW FIRM</p> <p>P O Box Bldg Room No if any</p> <p>Street 301 EVANS AVE</p> <p>City WOODRIVER</p> <p>State IL ZIP Code + 4 62095</p>	<p>14 a Nature of payment.</p> <p>SCILDE CHRISTMAS PARTY</p>
<p>13 b Is the Business an Employer yes or Consultan - ?</p>	<p>14 b Amount of payment</p> <p>65 00</p>

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8 Name and address of Business (including trade name if any)

Name **ANTHONY C ROMOLO TRAINING CTR**
Trade Name if any **ILLINOIS TRAINING CENTRAL**

P O Box Bldg Room No if any

Street **RURAL RT # 3**

City **MT STERLING** **62353**

State **IL** ZIP Code + 4

9 Business deals with

a Labor Organization

☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **ANTHONY C ROMOLO TRAINING CTR**
Trade Name if any **ILLINOIS TRAINING CENTRAL**

P O Box Bldg Room No if any

Street **RURAL RT # 3**

City **MT. STERLING** **62353**

State **IL** ZIP Code + 4

11 a Nature of such dealing

TRAINING

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Room & Food

12 b Amount **120 00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment.

Name of Person Filing	THOMAS M DOWLING	File Number U
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<p>8 Name and address of Business (including trade name if any)</p> <p>SOUTHERN ILLINOIS, ILLINOIS EMPLOYERS Name COOPERATION & EDUCATION & TRUST</p> <p>Trade Name if any LEET</p> <p>P O Box, Bldg Room No if any PO Box 1240</p> <p>Street 805 W DEYOUNG ST</p> <p>City MARION 62959</p> <p>State IL ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>SOUTHERN ILLINOIS, ILLINOIS EMPLOYERS Name COOPERATION & EDUCATION & TRUST</p> <p>Trade Name if any LEET</p> <p>P O Box Bldg Room No if any PO Box 1240</p> <p>Street 805 W DEYOUNG ST</p> <p>City MARION 62959</p> <p>State IL ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES COOPERATION & EDUCATION TO UNION & SIGNATORY CONTRACTORS</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>KNIFE & FLASK</p> <p>12 b Amount 42 81</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>